

INSURANCE PREMIUM TAX

ANNUAL/RECONCILIATION RETURN

033001000

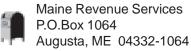
A	Account ID No.	Period Begin	Period End	Due Date		
Entity Information	1:			Check here if you made estimate payments during the year		
				Check here if this is a Risk Retention Group		
This return is made in compliance with the provisions of 36 M.R.S.A. §§ 2521-A and 2513. The amount of all GROSS DIRECT PREMIUMS on insurance written by this company on risks located in, or received from risks resident of, the State of Maine during the above period was as follows:						
Part A – Maine Tax Computation						
Premiums:	2. Considerations Received	d for Annuity Contracts issued on or a	after August 1, 1943			
	2a. Considerations annuitize prior to January 1, 1999	ed during the taxable year that were re 9 upon which the tax has not been pai	eceived in a tax year ending id in the year received	.00		
Deductions:	3a. Return premiums or de	posits thereon	3a.			
	3b. Dividends paid, credited	d or allowed on direct premiums	3b.	.00.		
	3c. Premiums exempt unde	r <u>qualified</u> pension plans (See 36 M.R	R.S.A. § 2514) 3c.			
	3d. Premiums exempt unde	er federal law	3d.	.00.		
	3e. Total Deductions		3e.	.00.		
Taxable Premiums:	Total taxable premiums (Line 1 plus line 2 plus li	ine 2a minus line 3e)	4.			
	4a. Amount Taxable at rate	of 2% . 4a. LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	00 Tax @ 2% 4b.			
	5a. Net premiums on qualit			.00.		
Tax:	6. Total Tax (Line 4b plus li	ne 5b)	6.			

Please submit a copy of Schedule T (Exhibit of Premiums Written) and page 24 (or Maine portion) of the NAIC Annual Statement.

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Part B – Retaliatory Computation Schedule					
	Home State L %				
	7. Gross Premiums				
	8. Allowable Deductions				
	9. Net Taxable				
	10. Premium Tax				
Part C	- Tax Due				
	11. Enter the greater of Part A, line 6 or Part B, line 10				
	12. Less: Prior Payments				
	13. Credits (Attach schedule – cannot exceed the amount on line 11)				
	14. Balance Due				
	15. Overpayment				
	16. Amount to be refunded to you				
	17. Amount to be credited to next year's tax liability				
Signature	Title				
	Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-fact of a Reciprocal Insurer.				
Date	Phone #				

Make check payable to Treasurer, State of Maine; send check and return to:



Office use only	
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